Official Newsletter of the Canadian Public Health Association

CPHA health digest

Spring 2005 Volume XXIX, Number 1

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CPHA 96th Annual Conference

Mapping the Future of Public Health:

PEOPLE, PLACES AND POLICIES

In partnership with the Canadian Institute for Health Information - Canadian Population Health Initiative (CIHI-CPHI), the Canadian Institutes of Health Research - Institute of Population and Public Health (CIHR-IPPH), and the Public Health Agency of Canada.
In association with Statistics Canada's 2nd Health Statistics Data Users Conference 2005

18-21 September 2005
Ottawa, Ontario
Contact: CPHA Conference Department
Tel: 613-725-3769, x.126
www.cpha.ca

CPHA NATIONAL PUBLIC HEALTH HERO AWARD 2005

This new award was created to broaden awareness and understanding of public health by recognizing individuals for their significant contributions and exceptional commitment to promoting and protecting the health of the population.

CPHA is taking nominations for this award, which will be presented at the 2005 Annual Conference.

Nomination forms available from CPHA's website: www.cpha.ca

Nominations must be received by June 1, 2005.

Governance Review Process Update, March 2005

In June 2004, the Board of Directors of the Canadian Public Health Association (CPHA) developed an issues-based plan to better position CPHA to play a leadership role in today's changing public health environment. This plan takes into account the current context within which CPHA is operating. On the one hand, the health sector is in a state of significant change, with an unprecedented focus on public health. This presents a window of opportunity during which the public health agenda must be firmly established. On the other hand, the level of competition is high with public health organizations, groups and agencies competing for funding, talented board members, volunteers and staff, and organizational recognition and exposure.

It was recognized that the governing body of CPHA has a critical role to play in ensuring that the organization is focussed, relevant, credible and delivering value to its members and funders in light of the current context. High-performing organizations need high-performing boards. Thus, reviewing the current governance structures and processes was included as part of the issues-based plan.

In September 2004, the Board approved a work plan for the governance review and engaged Jane Cooke-Lauder, President and CEO, Bateleur Enterprises Inc., to facilitate the review.

In November, a workshop was held with the full Board of Directors. Discussion at the workshop was based on an internal assessment of current governance practices and external best practices/benchmarking. Ideas were explored related to clarity of roles and expectations, the size and composition of the Board, and the efficiency and effectiveness of the current governance model.

At that time, the Board also established a Board Working Group on Governance (BWGG) to oversee the governance review process. The membership of the BWGG is:

- Sheilah Sommer, CPHA President and Chair of the BWGG
- Ron de Burger, CPHA President-Elect
- Susan McBroom, Provincial/Territorial Branch/Association Representative
- Brian Brodie, Member-At-Large
- Peter Glynn, External Expert
- Elinor Wilson, CPHA CEO
- Jane Cooke-Lauder, Consultant
- Janet MacLachlan, CPHA Associate CEO, staff support

The BWGG held its first meeting in January 2005, and based on the direction from the November Board meeting, finalized guiding principles for the governance review and developed propositions with regard to the membership of CPHA, the role of the Board, and its size and composition. The BWGG held teleconferences with Board members in February to report on their progress and gather further input.

The consultation process will continue in March with a web-based membership survey. The purpose of the survey is to share some initial ideas and to obtain feedback from the membership. This will be the first of a number of surveys that will take place as the governance model is developed. Each time, input will be sought on one or two specific areas.

...see Governance, page 3

CPHA Health Digest
Canadian Public Health Association

Volume XXIX, Number 1
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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO's Column

Social Determinants of Health – A Public Health Issue

On March 18, 2005, the World Health Organization (WHO) launched a global commission to "tackle the causes behind the causes of ill-health", and appointed two eminent Canadians to the group. The Honourable Monique Bégin and Stephen Lewis joined other global experts on the Global Commission on Social Determinants of Health, to recommend the best ways to address health's social determinants and to break what WHO terms the 'poverty equals ill-health' cycle.

WHO Director-General Lee Jong-Wook in his address to the World Health Assembly, May 2004, stated, "The goal is not an academic exercise, but to marshal scientific evidence as a lever for policy change – aiming toward practical uptake among policymakers and stakeholders in countries."

It is perhaps easier to see income and ill-health as a developing countries issue rather than one that is relevant to Canada. However, health inequities remain a Canadian issue, as well as a global concern.

- Infant mortality rates are lower in high-income neighbourhoods and higher in low-income neighbourhoods:
  - 4.5 per 1,000 live births in high-income vs. 7.5 per 1,000 in low-income neighbourhoods.
- Higher education is associated with lower smoking rates:
  - Canadians with less than secondary education are twice as likely to be current smokers (24%) as Canadians with a university education (13%).
- Lower-income Canadians are more likely to be hospitalized than those with higher incomes:
  - In men 15-39 years of age, they are 46% more likely, and in men 40-64 years of age, 57% more likely.
  - In women 15-39 years of age, they are 62% more likely, and in women 40-64 years of age, 92% more likely.

In recognition of the many determinants of health, the Federal Government has begun work on the development of Public Health Goals for Canada. A discussion paper, workbook and survey are available on the Public Health Goals website at www.healthycanadians.ca. The current work is based on the determinants of health – a similar focus to the WHO Commission. Taking this high-level approach will help ensure that all Canadians see themselves as having a stake in the health of the public at large. While provinces and territories will set their own objectives and targets, and establish indicators relevant to their particular populations, needs and strengths, health as a pan-Canadian issue – a national concern – will be supported by national public health goals.

How will Canada put some substance to public health goals? Will budget allocations and other public policy decisions in all jurisdictions move us quickly toward their achievement?

While we welcome the reiteration of previous commitments to the "Ten Year Plan for Health" (that is, $240 billion in federal health transfers for the 10-year period, or $7,500 dollars per Canadian for the same period), we ask that the Plan facilitate reinvestment in public health. We welcome the allocation to chronic disease prevention: we ask that it focus on populations so that widespread improvements will take place.

The recent WHO announcement has created global attention to social determinants. We have Public Health Agency of Canada attention to health goals based on the determinants of health.

We now need further investments in public health.

Elinor Wilson
Chief Executive Officer

17 year-old student launches the Canadian Youth Climate Change Conference - YC3

Youth from across Canada have the opportunity to change the world in four days, and work alongside international leaders to challenge one of the greatest issues of our time. The Canadian Youth Climate Change Conference (YC3), is seeking 100 youth aged 15-20 to re-envision society and develop solutions to climate change.

17 year-old Alysia Garmulewicz, initiated YC3 www.yc3.net after being inspired on a student expedition to Antarctica. Her goal with YC3 is to give her fellow peers the skills, support, and empowerment to lead the challenge of climate change. "Students my own age face world-changing decisions," emphasizes Garmulewicz, "YC3 will move far beyond the age-old concepts of personal habits and simple energy conservation. What is needed is a reality check for the future of our planet." YC3 will be held July 3-6, 2005 at Royal Roads University, Victoria, British Columbia.

YC3 is driven by a dynamic Youth team, and supported by nationally recognized expertise. The Honourable David Anderson, one of YC3's featured speakers, says, "it will challenge youth to become ambassadors for climate change by moving beyond personal action to a national and global systemic order." Other highlighted speakers include:

- Sheila Watt-Cloutier, Chair, Inuit Circumpolar Conference, awarded the prestigious "Champion of the Earth" award by the United Nations
- Elizabeth May, Executive Director, Sierra Club of Canada
- Severn Cullis-Suzuki, Skyfish Project, internationally renowned youth speaker on Environmental Sustainability

Throughout the event, speakers and student delegates will explore and develop action plans and solutions to climate change. Currently, YC3 is seeking youth delegates from every province and territory to participate in the conference.

So far, YC3 has received the support and partnership of Bell Canada, the MEC Environment Fund, the BC Ministry of Water, Land and Air Protection, The David Suzuki Foundation, TD Bank Financial Group, BC Hydro, the Sierra Youth Coalition, Canadian Geographic Magazine, and Students On Ice Expeditions.

For further information please contact: Alysia Garmulewicz, Director, Tel: (250) 358-2303, E-mail: info@yc3.net, Website: www.yc3.net ■

Governance, from page 1...

Final recommendations on governance will be made to the CPHA Board at their June 2005 meeting for ratification with implementation to begin in the fall of 2005. It is expected that the new governance structure and membership will be in place by January 2006.

Communication with CPHA's members about the governance review started with the summer issue of the CPHA Health Digest. Each quarterly issue of the Digest will include an update. If you have any questions regarding the process, please contact Sheilah Sommer, CPHA President, at sheilah.sommer@calgaryhealthregion.ca. ■

National Immunization Awareness Week

April 24–30, 2005

La semaine nationale de promotion de la vaccination

24–30 avril 2005

Cellular Telephones: A Risk to Public Health?

Chérif F. Matta, PhD, MCIC[1]
Susanne M. Burkhardt, MPH[2]

Environmental Health Work Group, Ontario Public Health Association
1. Member
2. Former chairperson

The question of the safety of cell phones is becoming a pressing public health issue in view of their widespread use in Canada and around the world. The potential for health hazards from exposure to radio-frequency (RF) fields has been brought to the fore by a recent declaration by Professor Sir William Stewart, Chairman of the National Radiological Protection Board (UK), who recommends the precautionary principle approach with particular emphasis on children in view of their potentially greater vulnerability. (The updated "Stewart Report", Documents of the NRPB, Vol. 15, No. 5, can be downloaded at http://www.nrpb.org/publications/index.htm.)

Where do cell phones fall on the safety-hazard continuum? Media attempts to address this question often mix, without a clear distinction, hard scientific facts with subjective opinions. To disentangle the facts, a critical examination of the primary literature was conducted as a basis for a policy paper and set of recommendations by the Ontario Public Health Association (OPHA). We provide here a brief summary of the OPHA paper, listed at http://www.opha.on.ca/advocacy/list.html and which can be downloaded at http://www.opha.on.ca/ppres/2003-02_pp.pdf. Key references, which are omitted here, can be found in the OPHA paper.

Exposure to RF fields in the frequency range emitted by cell phones elicits a host of known biological responses and therefore does represent an unnatural stressor to the biological system. On the other hand, the majority of the reported adverse effects are associated with the heating of the tissues exposed to the RF fields, effects that require field strengths that are orders of magnitude stronger than those emitted by a cell-phone antenna.

Though no conclusive link between a specific health risk and the long-term use of cell phones has been identified so far, organizations such as the Royal Society of Canada conclude that insufficient research has been done to assert that RF fields are harmless in the long term. Most epidemiological studies to date cover periods of time that are too short for assessing the effects on health caused by long-term exposure. Moreover, contradictory results are typically reported about the correlation between exposure to RF fields and the induction of mutation, cancer, and cell division abnormality in cell cultures or in research animals.

The uncertainty about the possible hazards of long-term exposures to low doses of RF radiation, together with the certainty of biological effects (which are not necessarily harmful), suggest the adoption of the precautionary principle. OPHA recommends precaution with respect to the use of cell phones until it is 'proven' safe. Additional recommendations put forward in the OPHA report include:

1. While there appears to be no cause for public alarm, the lack of a definitive answer about the safety of cell phones suggests that increased public awareness about the facts and about the possible sensationalization and/or inaccuracy of media and other reports is warranted.
2. Enforcing the existing Health Canada standards, Safety Code 6 (SC6), on cell phone specification and supporting Toronto Public Health's "prudent avoidance" principle and their recommendation of reduction in exposure limits set forward in SC6.
3. Recommendations for further research (detailed in the OPHA paper).

Though the focus here is on cell phones, we must see the issue within a broader scope, that of a potential new form of pollution – RF pollution – in our modern environment. In this context, chronic exposure to RF and static electric and magnetic fields emitted from TV sets, photocopying machines, power lines, cell phone towers, etc. should all be given closer attention as potential public health hazards.

For more information, contact: Dr. Chérif Matta, Environmental Health Work Group, OPHA, 700 Lawrence Ave. West, Suite 310, Toronto, ON M6A 3B4, Tel. (416) 367-3313. ■

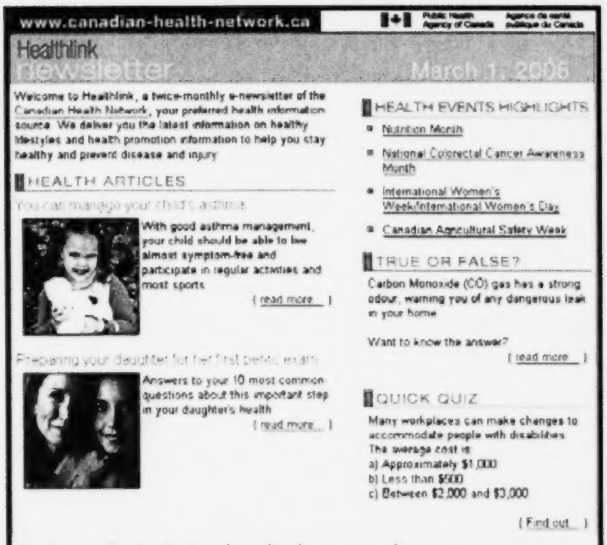
The Doctor Jean C. Nelson Memorial Award Recipient Announced

Catherine Gladwin is the recipient of the Dr. Jean C. Nelson Memorial Award for 2004. She will receive a bursary of two thousand dollars.

Catherine, a resident of Edmonton, Alberta, is currently working towards a Master of Science Degree in Health Promotion at the Centre for Health Promotion Studies at the University of Alberta. Catherine's proposed thesis, "Public Policy Processes and Getting Physical Activity into Alberta's Schools", has been accepted as a component of the Centre for Health Promotion's collaborative project entitled "Promotion of Optimal Weights through Ecological Research". Upon completion of her graduate studies, Catherine's career aspirations are to assist communities in building healthy public policy.

The Doctor Jean C. Nelson Memorial Award is made annually to a graduate student who best meets the criteria based on the late former Alberta Deputy Minister of Health, Dr. Jean Nelson's commitment to community health and services for children.

Information regarding application for this award is available on the Alberta Public Health Association (APHA) website, www.apha.ab.ca. Inquiries may be forwarded to the Board of Directors of the Doctor Jean C. Nelson Memorial Foundation. Donations to the fund are very welcome and are tax deductible. ■


www.canadian-health-network.ca

Healthlink newsletter March 1, 2005

Welcome to HealthLink, a twice-monthly e-newsletter of the Canadian Health Network, your preferred health information source. We deliver you the latest information on healthy lifestyles and health promotion information to help you stay healthy and prevent disease and injury.

HEALTH ARTICLES

You can manage your child's asthma

With good asthma management, your child should be able to live almost symptom-free and participate in regular activities and most sports.

{ read more }

Preparing your daughter for her first pelvic exam

Answers to your 10 most common questions about this important step in your daughter's health.

{ read more }

HEALTH EVENTS HIGHLIGHTS

- Nutrition Month
- National Colorectal Cancer Awareness Month
- International Women's Week/International Women's Day
- Canadian Agricultural Safety Week

TRUE OR FALSE?

Carbon Monoxide (CO) gas has a strong odour, warning you of any dangerous leak in your home.

Want to know the answer?

{ read more }

QUICK QUIZ

Many workplaces can make changes to accommodate people with disabilities. The average cost is:
a) Approximately $1,000
b) Less than $500
c) Between $2,000 and $3,000

{ Find out... }

HealthLink Newsletter

The HealthLink Newsletter is brought to you by the Canadian Health Network. It is full of interesting feature and seasonal articles that will help you to keep active, stay healthy and prevent disease. You will also find information on the many influences on your health, from social and environmental factors – such as housing, income, education, clean air and a sense of belonging – to your everyday choices about diet and exercise.

To subscribe to the HealthLink Newletter, please visit the CHN Web site at www.canadian-health-network.ca ■

National Research Forum for Young Investigators in Circulatory and Respiratory Health

April 28 – May 1, 2005, Winnipeg, Manitoba

The Canadian Public Health Association is a proud partner of the 2005 YI Forum. The YI Forum series is a major training and educational initiative of the CIHR Institute of Circulatory and Respiratory Health and its many partners, and is co-organized with the Institute of Cardiovascular Sciences, University of Manitoba.

Trainees and young investigators (e.g., junior faculty, post-doctoral fellows, undergraduate and graduate students, clinician trainees) are the focus of this meeting. They will have an opportunity to make scientific presentations, to learn about the latest circulatory and respiratory research activity, and to interact and share ideas with many colleagues and mentors. Faculty will assist trainees and young investigators in moderation and facilitation of scientific sessions, and will contribute to workshops on a diverse range of topics.

We encourage all young investigators to attend this important event and apply for a Travel Award. Please visit the YI Forum website (www.yiforum.ca) for further information. ■

Coming Events

4th National Conference on Health Care Regionalization in Canada
Regionalization and the New Public Health
Canadian Centre for Analysis of Regionalization and Health
21-23 April 2005 Montréal, Québec
Contact: CCARH
Toll free: 1-800-804-6814 Fax: (306) 655-6879
E-mail: centre@regionalization.org www.regionalization.org

2005 Summer Institute
Rural and Remote Health Research: Rhetoric and Reality
CIHR Institutes of Population and Public Health (IPPH) and Health Services and Policy Research (IHSPR), SafetyNet and the Eastern Canada Consortium on Workplace Health and Safety, the RURAL Centre for Research Development, the Atlantic Network for Prevention Researchers and the Atlantic Regional Training Centre
5-10 June 2005 Rocky Harbour, Newfoundland and Labrador
Contact: Ms. Gunita Wadhwa
Tel: (709) 777-8747 E-mail: gwadhwa@mun.ca

Strengthening Community Action & Creating A Supportive Organizational Environment
Ontario Health Promotion Summer School 2005
The Centre For Health Promotion, Univ of Toronto
20-23 June 2005 Toronto, ON
Contact: Lisa
Tel: 416-469-4632 E-mail: hpss@rogers.com
www.utoronto.ca/chp/hpss

The Changing Face of Disaster Management – Defining the New Normal
15th World Conference on Disaster Management
The Canadian Centre for Emergency Preparedness (CCEP)
10-13 July 2005 Toronto, ON
Contact: www.wcdm.org

Mapping the Future of Public Health: People, Places and Policies
CPHA 96th Annual Conference
In partnership with the Canadian Institute for Health Information - Canadian Population Health Initiative (CIHI-CPHI) and the Canadian Institutes of Health Research - Institute of Population and Public Health (CIHR-IPPH) and in association with Statistics Canada's 2nd Health Statistics Data Users Conference 2005
18-21 September 2005 Ottawa, Ontario
Contact: CPHA Conference Department
Tel: 613-725-3769, ext.126 www.cpha.ca

71st National Canadian Institute of Public Health Inspectors Educational Conference
Evolving Borders of Public Health. Expand Your Borders…Expand Your Mind
Hosted by Toronto Public Health, and Canadian Institute of Public Health Inspectors, Ontario Branch
25-28 September 2005 Toronto, ON
Contact:
Ron de Burger Tel: 416-392-1356
or Suzanne Shaw Tel: 416-338-1706
E-mail: ciphi2005@toronto.ca

36th Public Health Association of Australia Annual Conference
Successes in Public Health
25-28 September 2005 Perth, Western Australia
Contact: PHAA
E-mail: conference@phaa.net.au www.phaa.net.au

3rd International Conference on Community Health Nursing Research
New Challenges and Innovations in Community Health Nursing
30 September - 2 October 2005 Tokyo, Japan
Contact: www.ics-inc.co.jp/icchnr2005/icchnr2005@ics-inc.co.jp

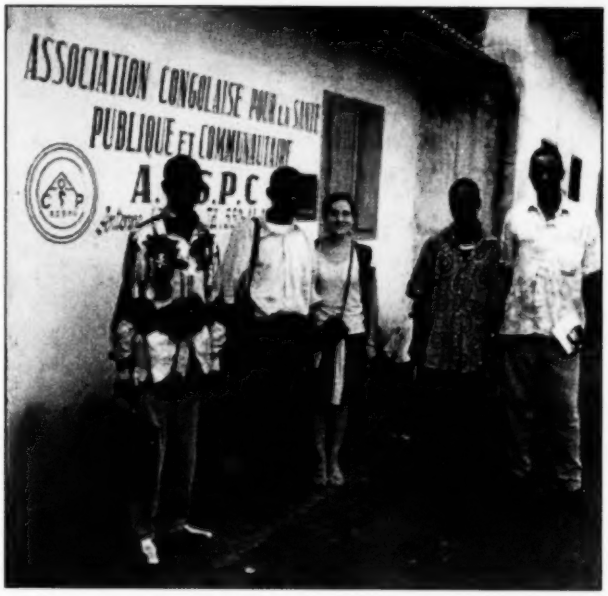
Congolese Public Health Association Becomes Newest SOPHA Partner

The Congolese Society for Public and Community Health (ACSPC) was welcomed in late 2004 as a new partner in CPHA's Strengthening of Public Health Associations (SOPHA) Program. The ACSPC, established in 1995 and based in Pointe Noire, Republic of Congo (Brazzaville), currently has over 125 members. Its mission is to promote the health of communities, seeking their full participation in activities involving health prevention, promotion, and care.

In its short lifespan, ACSPC has already shown itself to be active and serious about making a contribution to public health in the Republic of Congo. It has attracted members from a range of disciplines including physicians, health administrators, psychologists, economists, laboratory technicians, demographers, epidemiologists, statisticians, and development workers. Its main areas of health intervention include sanitation and hygiene, control of malaria and diarrheal diseases, STDs and HIV/AIDS, tobacco control, and research in public and community health.

The country of 3.6 million people, which only recently emerged from several years of civil war, is badly in need of a major initiative in public health. Infrastructure, including sanitation facilities, is either non-existent or in dire need of repair. Malaria is common in both urban and rural areas alike. HIV/AIDS and other STDs are spreading rapidly, especially in areas where migrant labour is used, such as the vast sugar plantations near Nkayi and the oil operations and port facilities of Pointe Noire. Cigarette advertisements threaten to add a new public health problem to the long list of older ones.

In December 2004, the SOPHA Program Coordinator, Mr. Chris Rosene, visited Congo Brazzaville along with CPHA member and community health specialist Dr. Faisca Richer. The CPHA visitors found ACSPC to be well situated to develop a comprehensive response to the public health issues facing the nation. With a presence in the country's two main cities (Brazzaville and Pointe Noire) as well as branches in two other towns (Sibiti and Nkayi), ACSPC has the network necessary to conduct surveys and mount educational campaigns. The Ministry of Health and the local office of the World Health Organization (WHO) both see the ACSPC as a vehicle for mobilizing the national public health community.



Leaders of the Congolese Society for Public and Community Health pose with CPHA member Dr. Faisca Richer in front of their office in the town of Sibiti, Republic of Congo.

The Association received some minor project support from foreign donors, however it has been unable to find sustained support for capacity building. Through the SOPHA Program, ACSPC will benefit from project support, technical support, and opportunities for contact with CPHA and other public health associations.

The SOPHA Program receives financial support from the Government of Canada through the Canadian International Development Agency (CIDA). For more information about this initiative, please contact Chris Rosene at crosene@cpha.ca. ■

CPHA's Global Tobacco Control Effort Gets a Boost from Health Canada

On February 27, 2005, the world's first global public health treaty, the Framework Convention for Tobacco Control (FCTC), came into effect after ratification by 57 countries including Canada. The FCTC is the culmination of many years' effort and hard work. This treaty provides governments the means to control the advertising, marketing, sale, and public use of tobacco products. It marks the beginning of a concerted endeavour to raise awareness and take action against a growing public health problem responsible for nearly five million deaths per year.

In many of the countries where CPHA works internationally, tobacco consumption is on the rise and tobacco control measures are either non-existent or woefully inadequate. CPHA partners in Africa, Latin America and Central and Eastern Europe are keen to build their capacity to respond to this relatively new public health challenge. In recognition of this need, the International Affairs Directorate of Health Canada approved two grants to CPHA. The first grant supports FCTC advocacy activities by CPHA partners in nine countries in which public health association partners are

...see *Tobacco, page 7*

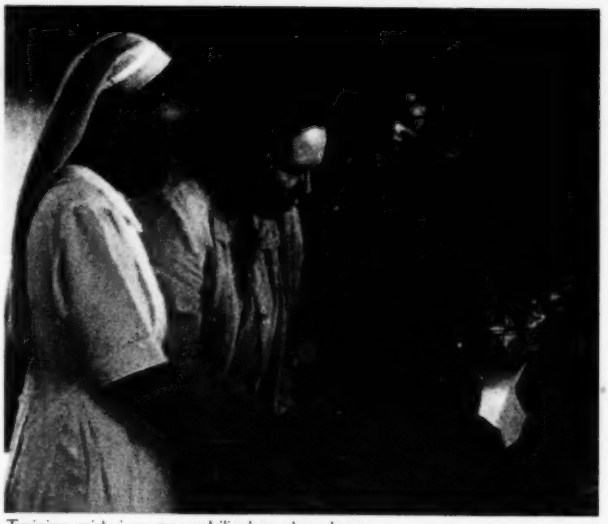
Midwifery Upgrading in Zambia

by Cathy Ellis

A collaborative effort by two midwives (one Canadian and one Zambian) and two obstetricians (one Ugandan and one Zambian) resulted in a successful midwifery upgrading course in Zambia in February.

The course was offered to midwives at the thirteen rural health clinics and hospitals participating in CPHA's Zambia Family and Reproductive Health Project. As part of CPHA's efforts to improve the quality of reproductive health services offered at these clinics, the Society of Obstetricians and Gynaecologists of Canada (SOGC) was invited to deliver their ALARM (Advances in Labour and Risk Management) International Course in Zambia. The instructors were: Cathy Ellis, a midwife from the Midwifery Division at the University of British Columbia; Dr. Dan Murokora (Uganda Association of Gynaecologists and Obstetricians); Rose Kabwe (Project Coordinator, CHAZ); and Dr. Ziche Makukula from St. Francis Mission Hospital, Eastern Province, Zambia. Jennifer Gurbin, a CPHA intern from Toronto, on assignment in Zambia, assisted with course logistics. The program was organized in collaboration with one of CPHA's Zambian partners, the Churches Health Association of Zambia (CHAZ).

The course was preceded by a one-day site assessment of the Chipembi Mission Health Centre, one of CHAZ's project sites. The course instructors were able to see some of the strengths and challenges facing Zambian rural health workers and to make some recommendations for changes in their practices.



Training midwives on umbilical cord prolapse

The maternal mortality rate in Zambia is high (over 700 per 100,000), with the major cause being haemorrhage. Several sessions were dedicated to managing haemorrhage, hypertension in pregnancy, and the recognition of labours that are not progressing normally. Pelvic models, dolls, and delivery equipment from the previous SOGC's ALARM courses in Uganda allowed the instructors to present hands-on workshops for participants to practice various delivery methods and to review emergency skills. Dr. Ziche Makukula presented updates on preventing and managing malaria, and prevention of HIV transmission to the fetus.

Twenty enthusiastic Zambian midwives attended the course. Instructors used presentation methods including PowerPoint, brainstorming and documenting on flip-charts, small-group discussions with feedback to the large group, small-group workshops, and role play. A one-day "train the trainer" workshop was also provided at the end of the course to five participants.

At the end of the workshop, each participant was asked to develop an action plan to make three or four most-needed changes in their institution. The changes resulting from the action plans can be reviewed at future follow-up visits. The participants rated the course highly and the international collaboration was very effective.

After the course, Cathy Ellis visited the Mission Hospital at Katete, Eastern Province to attend several deliveries with local midwives. Although materials and equipment were scarce compared to western standards, the midwives successfully resuscitated babies and managed delivery problems such as haemorrhage.

The Zambia Family and Reproductive Health Project is undertaken with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA). For more information on the project, contact Cheryl Boon at cboon@cpha.ca ■

Tobacco, continued from page 6...

involved in tobacco control efforts. The objective is to promote the ratification of the FCTC by the governments in these countries. The second grant will support three workshops in the Americas region (Argentina, Jamaica, and Mexico), organized in partnership with the InterAmerican Heart Foundation. These workshops will bring together Ministry of Health officials, policy-makers, and representatives of public health associations and NGOs to jointly strategize on the most effective means of bringing the FCTC into effect in their respective countries.

In addition to the two grants related to overseas partners, Health Canada also awarded CPHA a small contract to help develop a strategy for a more effective Canadian response following the entry into force of the FCTC. A workshop held in Ottawa on March 16, 2005 brought together Canadian non-governmental international tobacco control experts. The resulting report describes the group's thinking on how to enhance Canada's role in the global tobacco control effort, taking advantage of the new policy instrument afforded by the FCTC.

CPHA thanks Minister Ujjal Dosanjh for the support from Health Canada, and looks forward to continuing work with its international partners on this issue, which the World Health Organization has called the world's "single leading preventable cause of death." ■

Making an Impact: Pakame Children's Programme, Zimbabwe

The impact of HIV and AIDS in Zimbabwe is staggering. A full quarter of the population is infected by the disease and nearly a million children are without parents (UNAIDS, 2005).

In May 2002, in the small rural district of Shurugwi, Zimbabwe, the Pakame Children's Programme carried out a baseline survey to find out how many children in two of its wards were orphans. It found at the time that there were 591 children who had lost their parents; the major cause of death was AIDS.

Nearly five years and ten wards later, the Programme works with over 5,400 children, providing school fees including uniforms, supplies and school grants, life skills training, psychosocial support, health fees, HIV/AIDS awareness and home-based care. Its vision is "to have communities that are fully responsive to the total needs or challenges of children orphaned as a result of their parents' death due to HIV/AIDS or any other cause."

When the initial study was conducted in 2002, the Pakame Children's Programme found that the most pressing need was the payment of school fees. Unfortunately, this need has only increased. In 2004, the Ministry of Education raised school fees more than five times in the district. As a result, of the 5,400 children in need of assistance, only 305 have received grants.

Despite this, the community has rallied around the children and begun responding to the effects of the epidemic. The Programme has only 3 staff but nearly 190 volunteers. One volunteer commented to CPHA staff in January, "I think of my own children, what would happen to them if I died." Another stated, "The community can make a difference together."

The Pakame Children's Programme began a partnership with SAT in 2004 and to date has participated in School Without Walls workshops on:

- financial accounting;
- fighting against stigma and discrimination;
- child sex abuse; and
- parenting skills.

In addition, as part of SAT's approach of pairing up organizations to learn from one another, the Programme conducted a study visit to Batsiranai Children's Care Programme last September and, among other things, learned of the importance of involving children in planning and implementing activities. The Programme has also been part of a mentoring relationship with Bethany, a community-based orphan care project that provides AIDS prevention education through AIDS Action Clubs for in- and out-of-school youth. This relationship has been very positive for Pakame as they have learned how to:

- mobilize the community;
- monitor and evaluate activities;
- account for SAT funds; and
- conduct strategic planning.

Pakame Children's Programme is small but growing. It is an excellent example of one of the 113 organizations working with SAT, addressing the epidemic positively and in ways that reflect the needs, values and context of their community. ■

This article was based on a recent monitoring trip to Zimbabwe by CPHA Project Coordinator for the SAT programme, Merydth Holte-McKenzie.

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